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U.S. President's Emergency Plan for AIDS Relief

Male Circumcision for HIV Prevention in Eastern and Southern Africa

COST, IMPACT, PROGRESS UPDATE

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Scientific Evidence

Over 50 studies to date, most of them in Africa

- Epidemiological
- Biological
 - Inner membrane surface of the foreskin highly vulnerable to HIV infection
 - Up to nine times more vulnerable than cervical tissue
- Three RCTs
 - South Africa, Uganda and Kenya

Strong association between

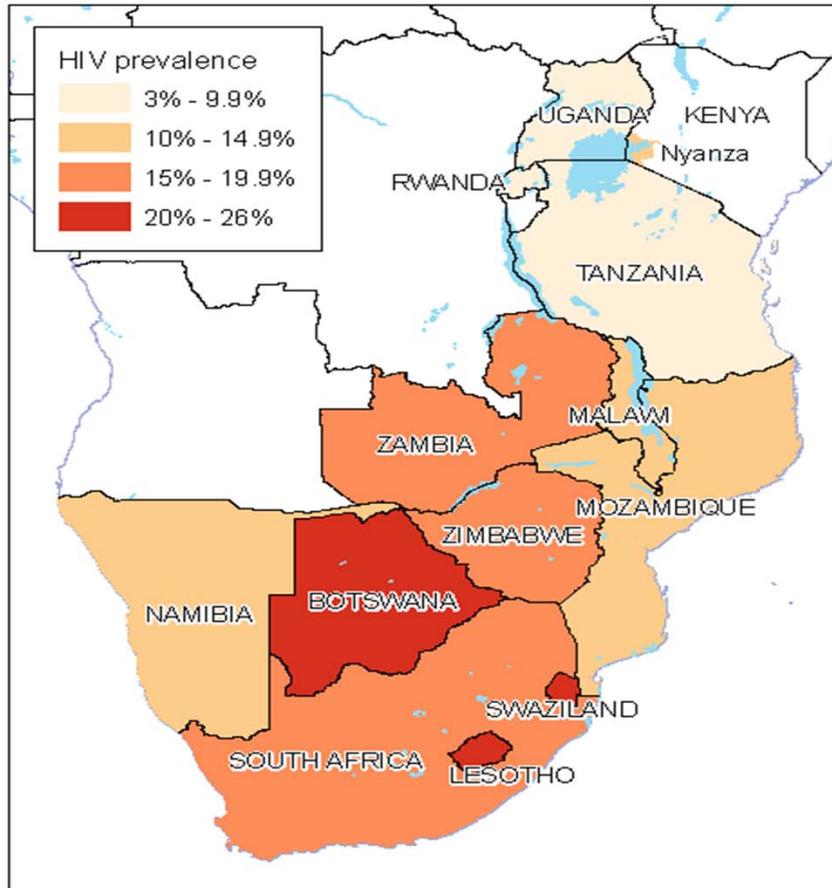
- Lack of male circumcision
- And higher risk of heterosexual (female-to-male) HIV transmission
- MC has a strong protective effect against HIV acquisition.
- **Estimated by WHO/UNAIDS to be around 60%**



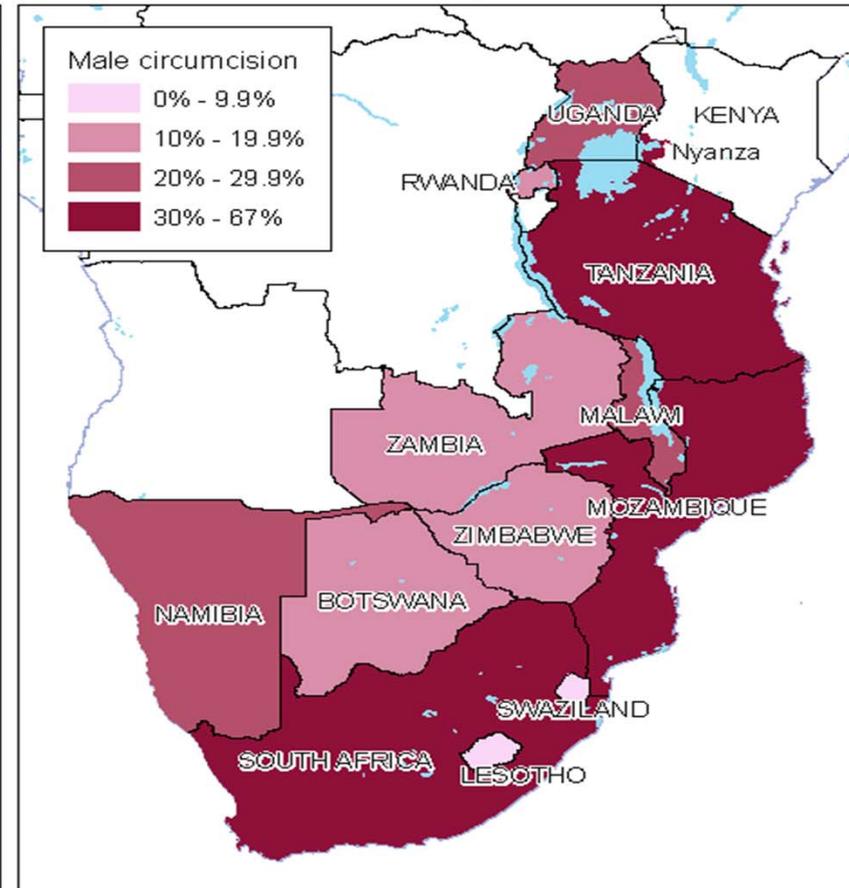
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Male Circumcision Target Countries

Adult HIV prevalence



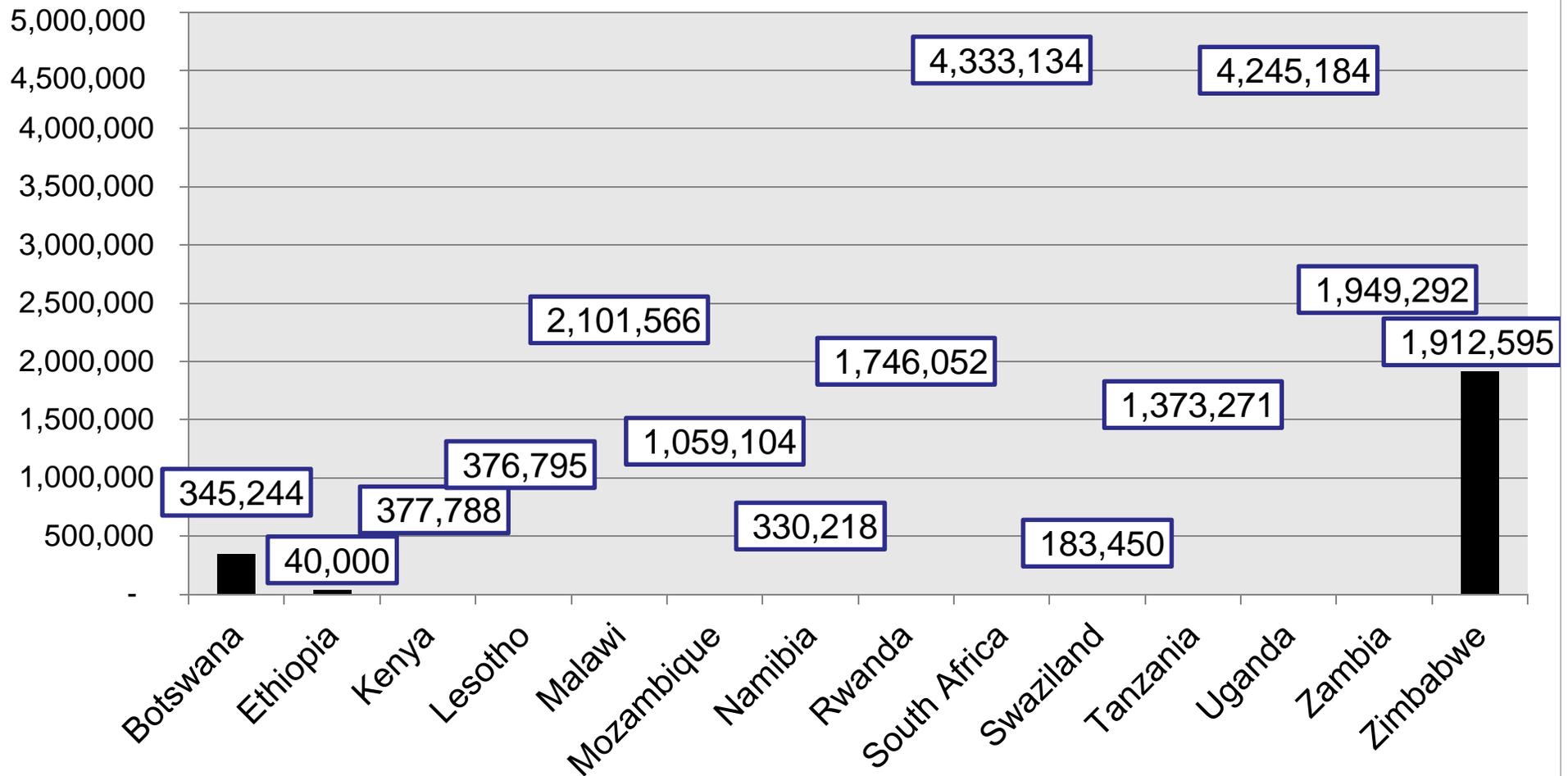
Male circumcision prevalence





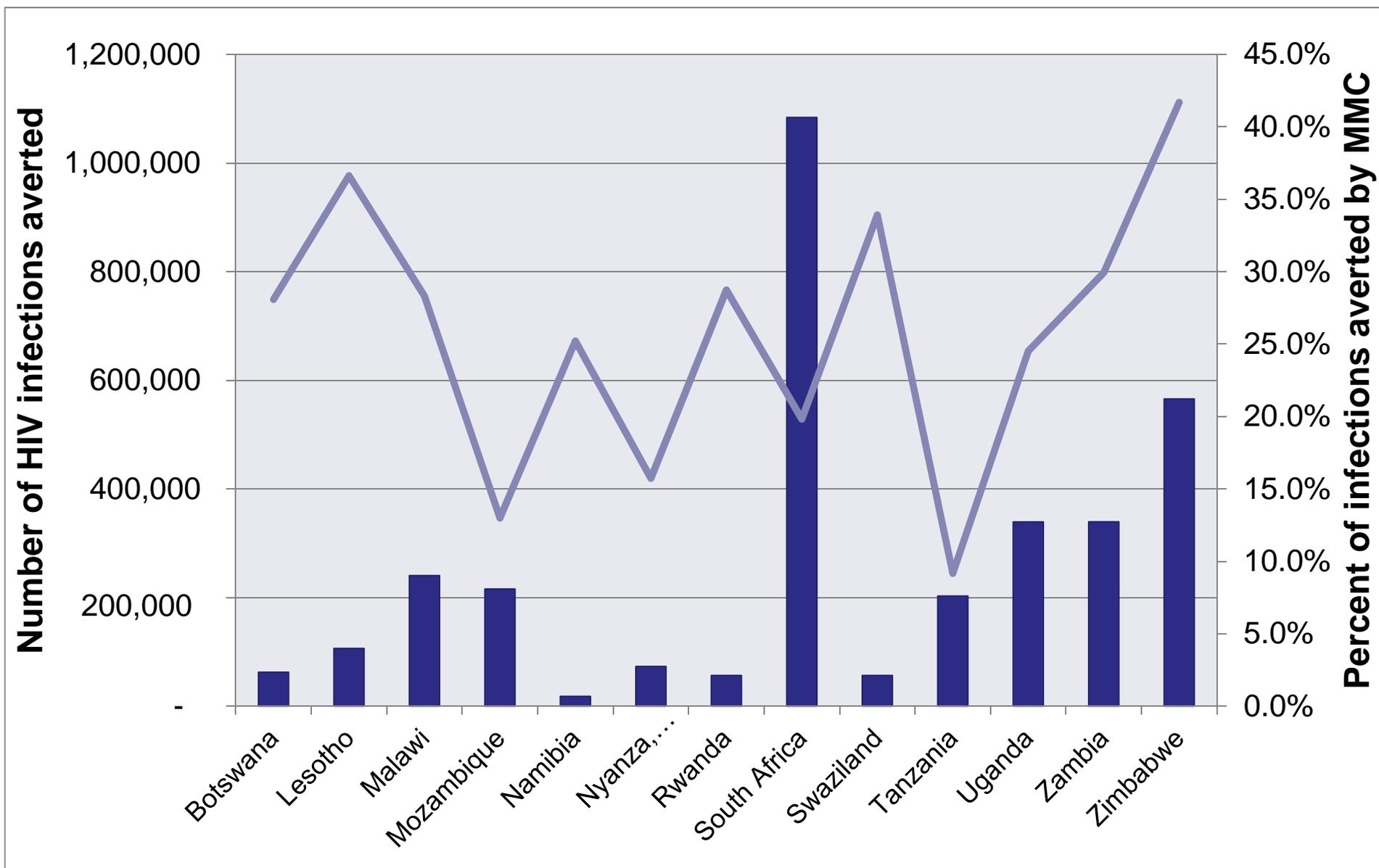
20,373,693M adult 15-49 years men to be circumcised across all 14 countries

Number of Adult 15-49 years male circumcision needed to reach 80% coverage in 5 years





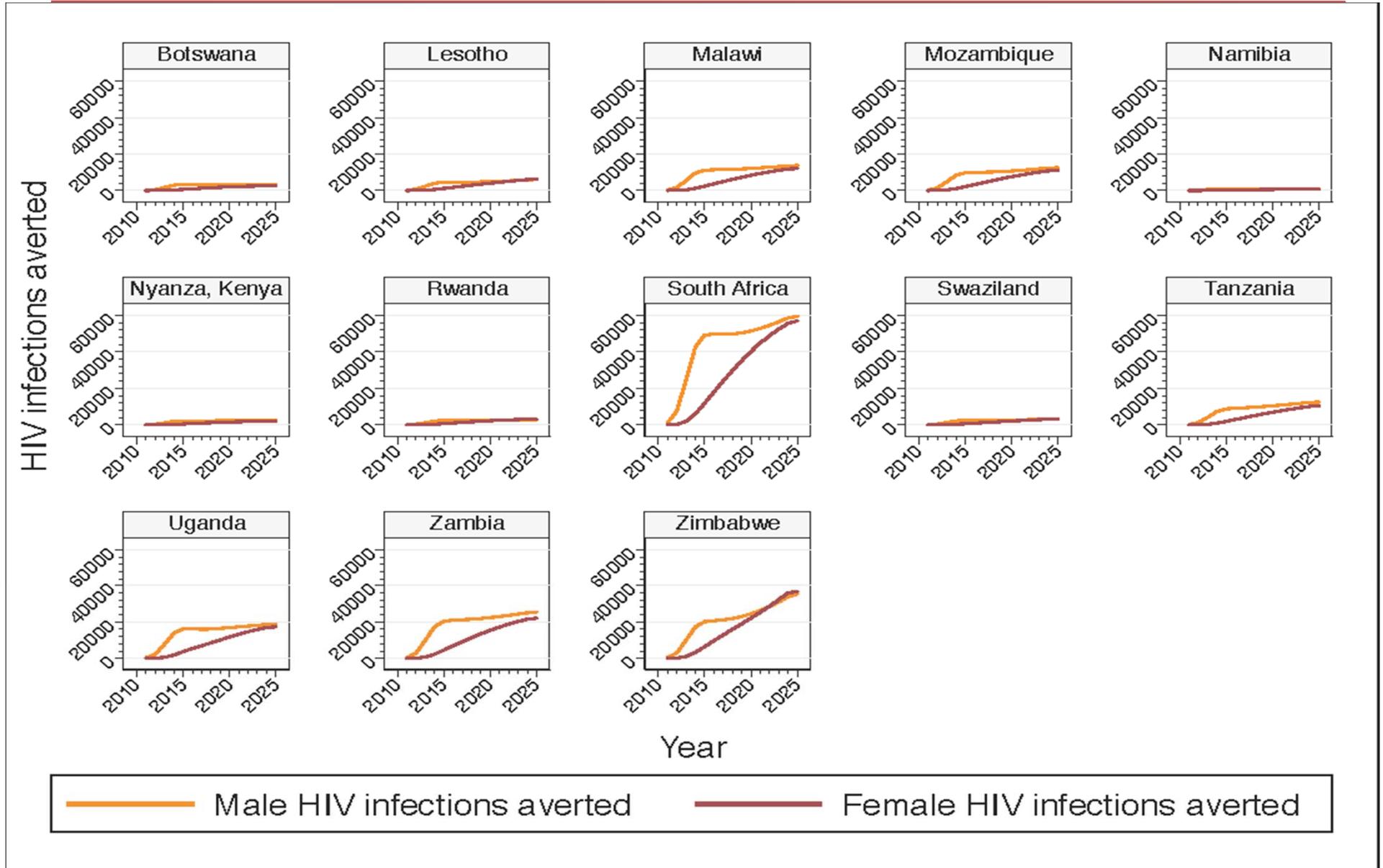
Cumulative Number and Percentage of HIV Infections Averted between 2011 to 2025 by scaling up MC





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Indirect Impact on women





Importance of the Implementation Coverage

- Decreasing the MMC coverage target from 80% to 50% results in a
 - decline in the number of HIV infections averted from 3.4M to 1.1M
 - In Zimbabwe from 41.7% of new HIV infection averted to 23.6% of new HIV infection averted
- On the other hand, increasing target MMC coverage from 80% to 100% results in
 - an increase in the number of HIV infections averted from 3.4M to 5M
 - In Zimbabwe from 41.7% of new HIV infection averted to 50.5% of new HIV infection averted



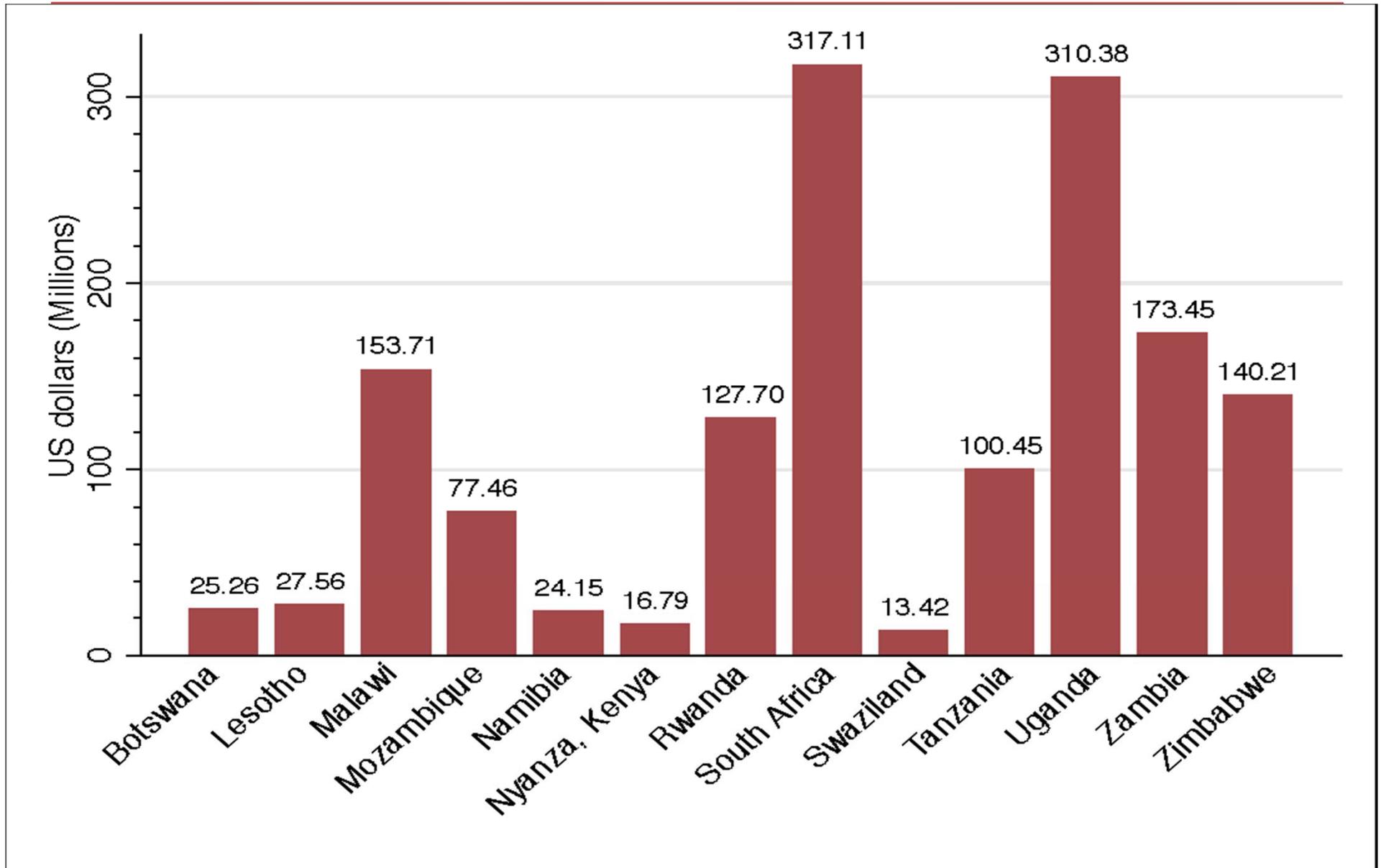
Importance of the Implementation Pace

- Also as expected, reducing the time to achieve 80% MMC coverage from 5 years to 1 year leads to
 - an increase in the number of HIV infections averted from 3.4M to 4.1M
 - In Swaziland, from 33.9% of new HIV infection averted to 41.5% of new HIV infection averted
 - a decrease in the cost per HIV infection averted,
 - and an increase in net savings per HIV infection averted.
- Increasing time to achieve 80% MMC coverage from 5 years to 10 or 15 years does the reverse.
 - In Swaziland, 23.6% of new HIV infection averted for 10 years implementation



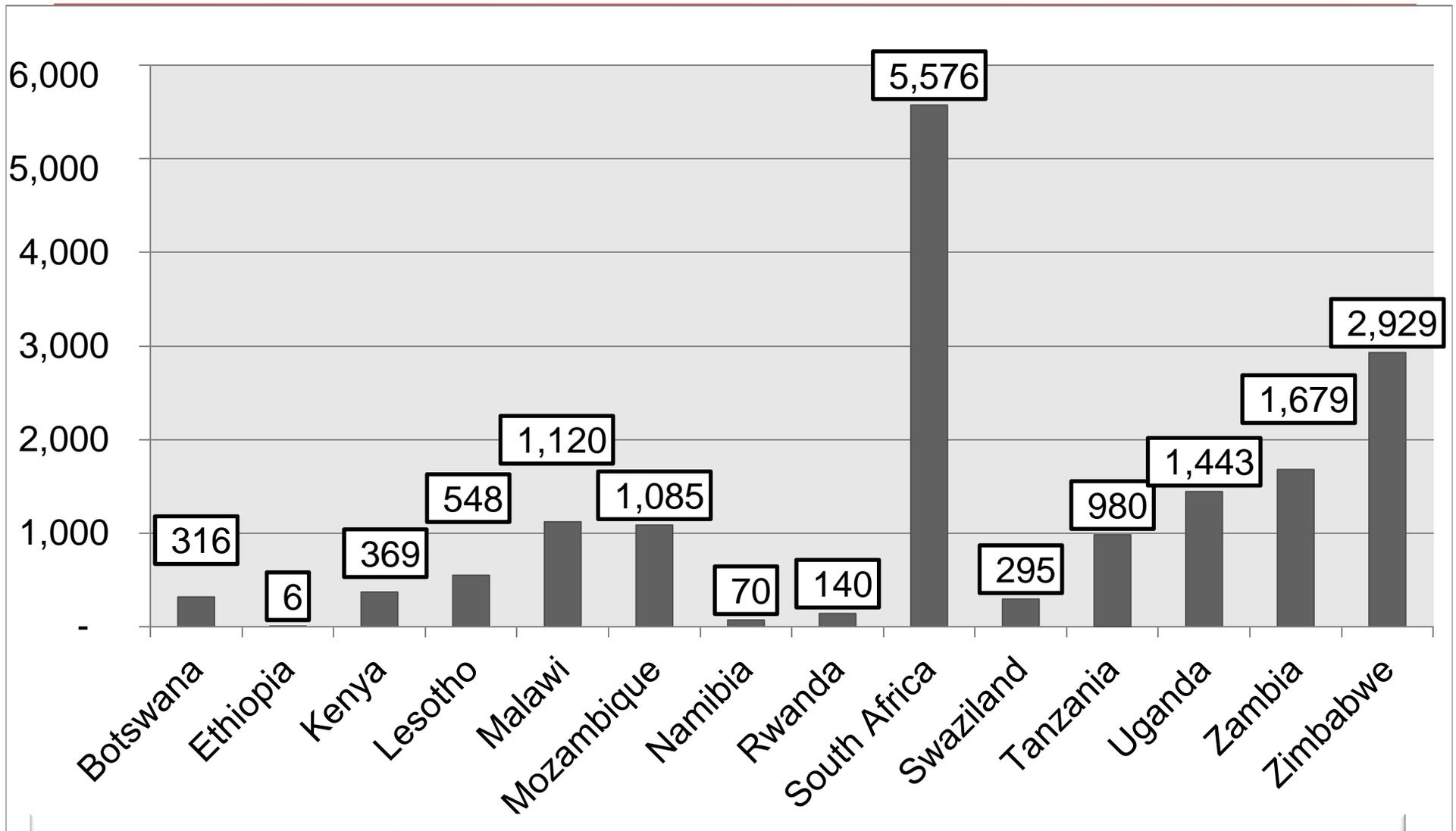
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Discounted Cost for 2011 to 2015 (5 years catch up)





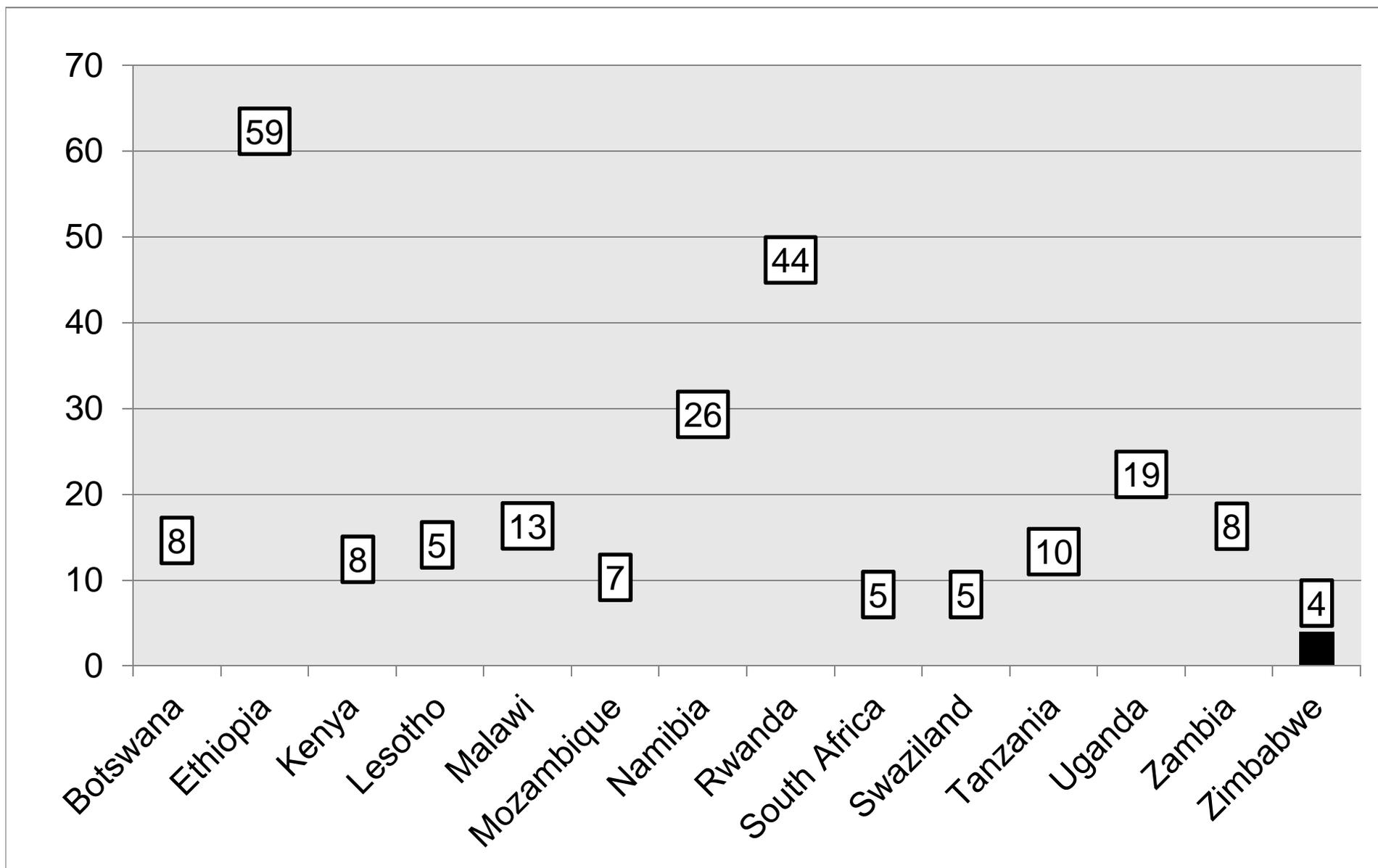
Net Savings 2011 to 2025 (Millions US\$)



A total of US\$ 16.5 Billions potentials Net Savings



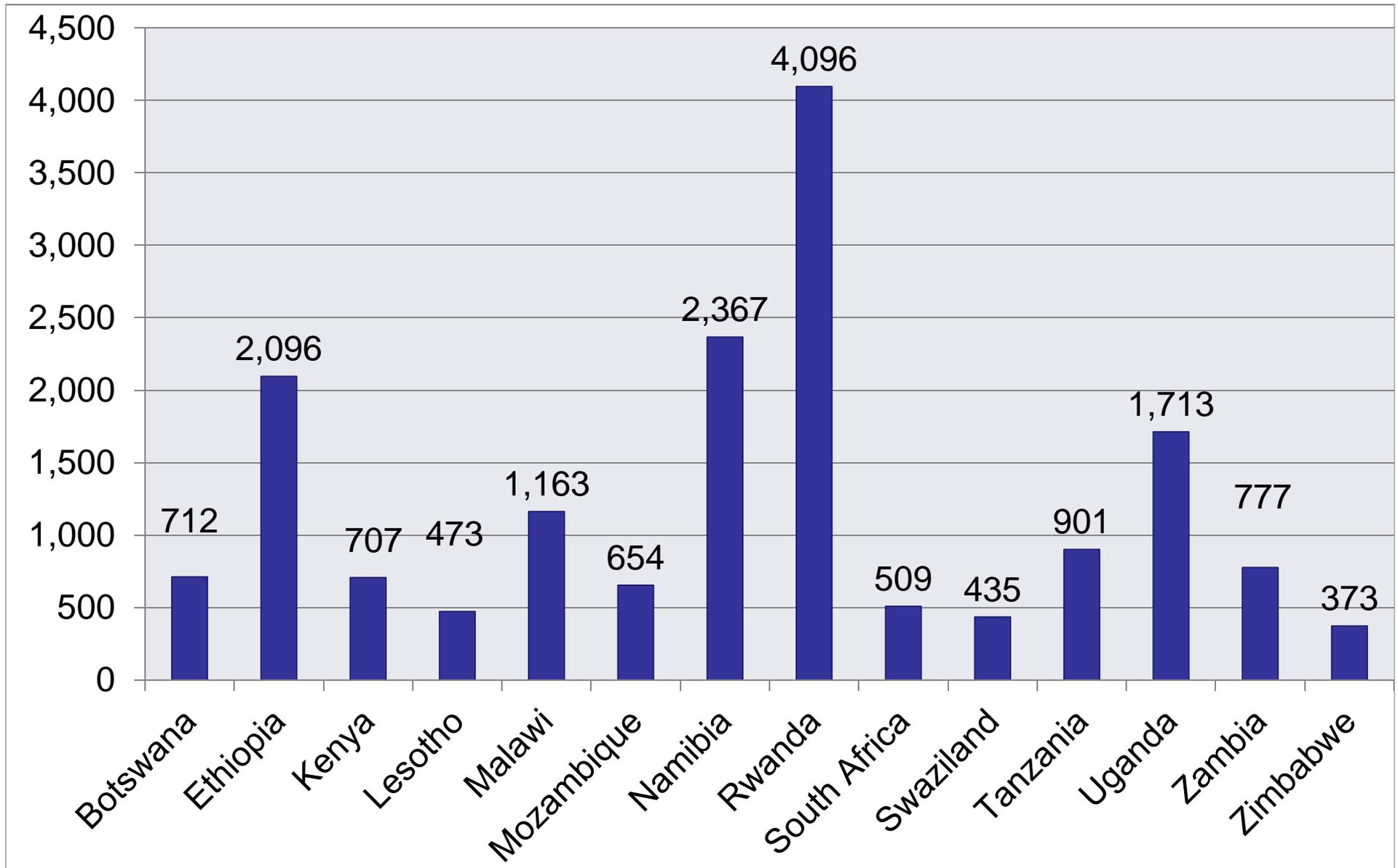
Number of MC needed per Infection Averted from 2011 to 2025





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Discounted Cost per Infection Averted





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20 Million? In five years? US\$1.5 Billion needed?



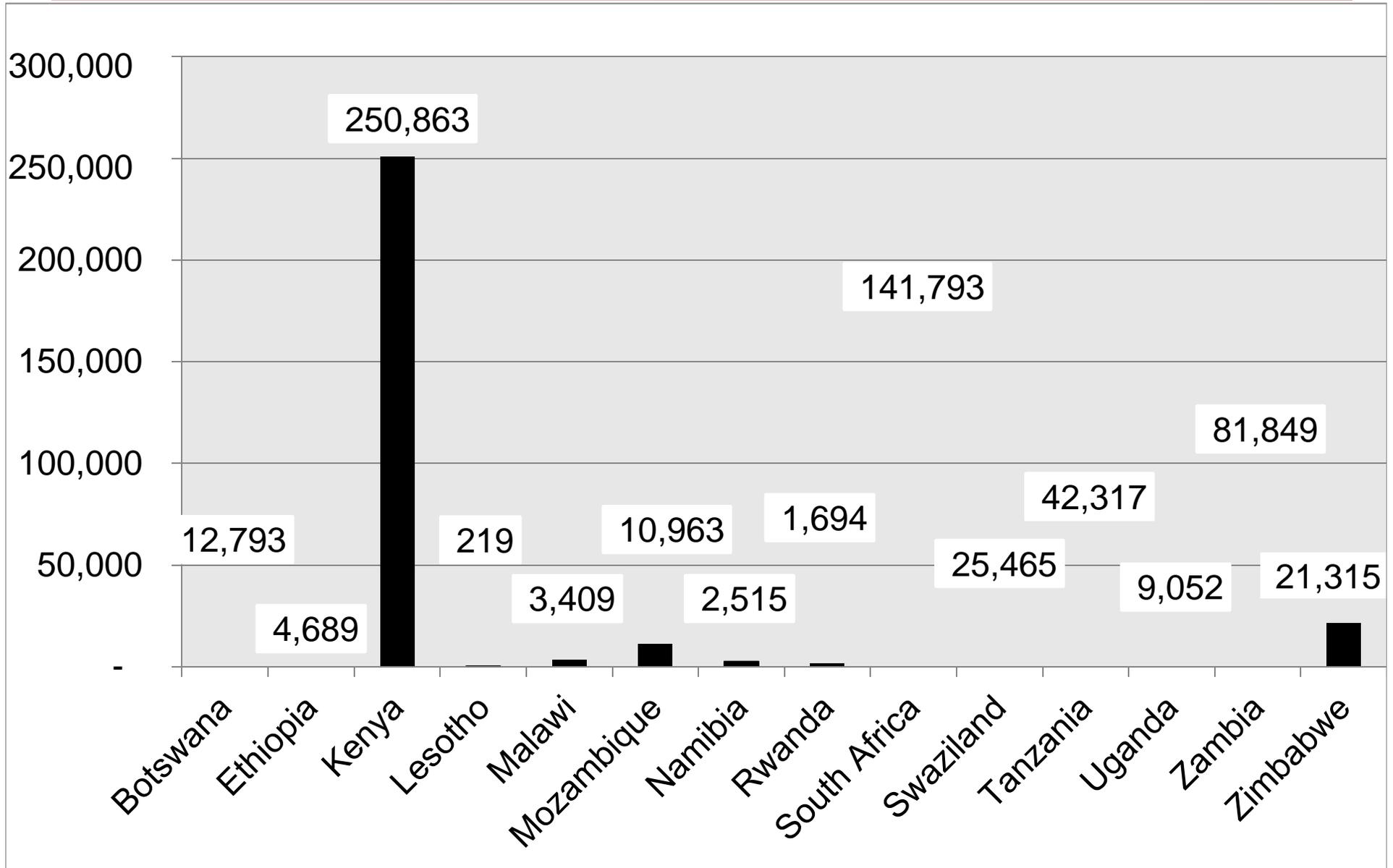
It always seems impossible until it's done

-Nelson Mandela



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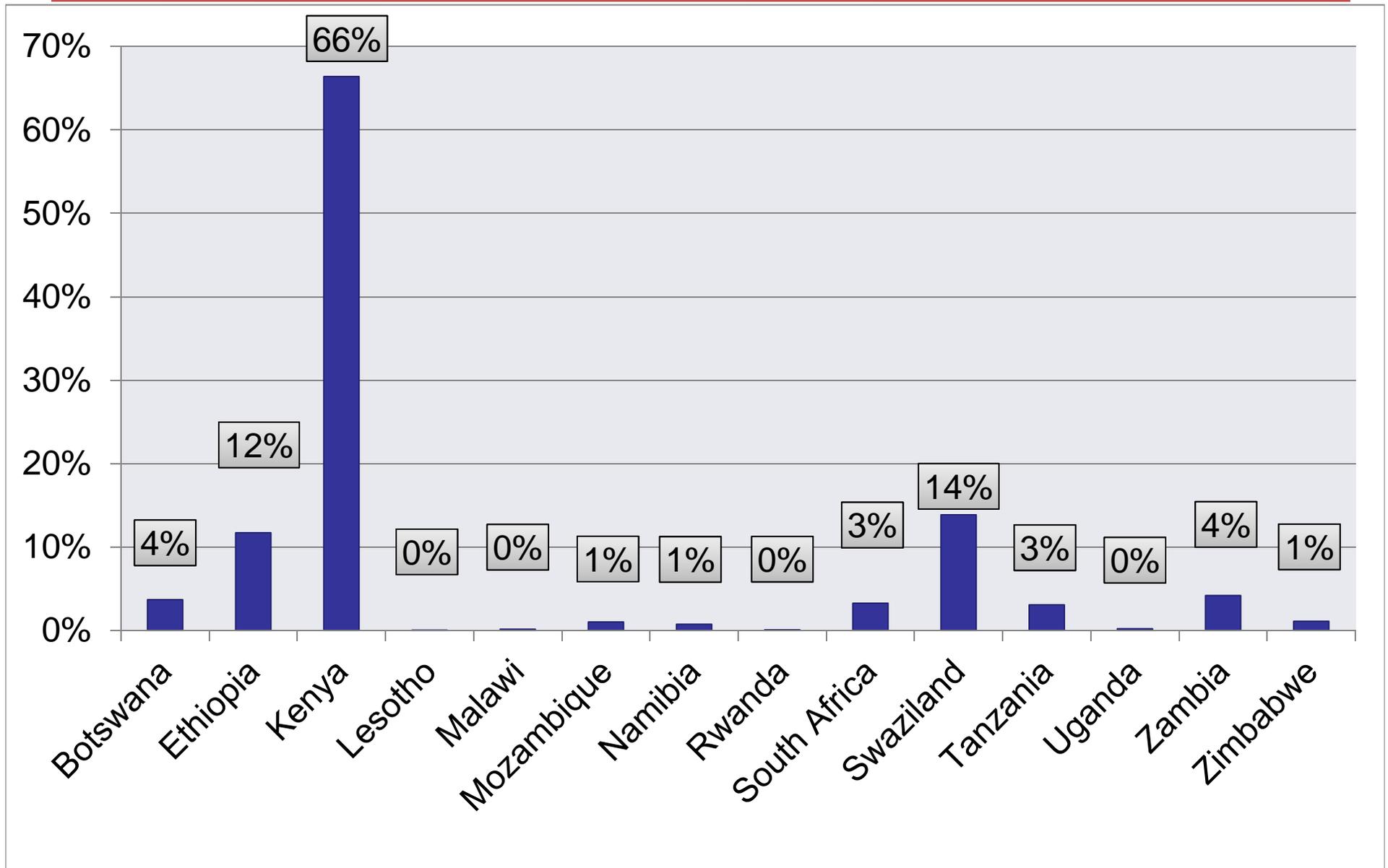
Number MC done as off April 2011





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Achievement toward Target of 80% coverage





4 years after WHO-UNAIDS Recommendations

“Neither the elegance of the science nor the strength of the effect predict the ease of implementation.”

David Stanton 2009



Achieving Pace & Scale

- *Community buy in and engagement of traditional leaders*
- *Political Will and Country Ownership*
- *Strategic communication*
- *Strong Leadership and Coordination from the MOH with the National and Provincial MC Task Force*
- *Enough resources for service delivery*
- *Technical support from partners*
- *Capacity to change the strategy as new information become available*
 - *Task shifting to clinical officers and nurses*
 - *Mobility of service delivery: taking services to people has proven highly effective*
 - *Dedication of sites with campaign style: continuous service delivery more productive; mixed staffing models (public and private/NGO)*
 - *Practicality: temporary services (adult MC)*
 - *Innovation*

Thank You





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